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Retinopathy of Prematurity

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Propositions

Retinopathy of Prematurity How to Prevent Retinopathy of prematurity in Indonesia

1. The incidence of Retinopathy of Prematurity (ROP) is higher in preterm infants born in Indonesia compared to developed countries, both in very preterm and late preterm infants.
2. Increasing the awareness of the risks of oxygen as well as the availability of methods to administer and control oxygen administration will reduce the high rate of ROP in Indonesia.
3. Risk factors for the development of ROP in Indonesia are next to oxygen, short gestational age and low birth weight, exchange transfusion, and socioeconomic status.
4. The chance that polymorphisms in the Norrie gene contribute to the development and progression of ROP in infants in Indonesia is very small.
5. The rather low level of screening for ROP in NICUs in general and academic hospitals in Indonesia results in an unnecessarily high rate of blind infants.
6. Each NICU, also in Indonesia, must have at least 15 beds to ensure continued, high-level care. A neonatologist must be available 24/7.
7. Each NICU must have an ophthalmologist trained to detect and treat ROP.
8. Oxygen is like a double-edged knife; too little and too high are very harmful to a newborn infant.
9. The use of the mnemonic "STOP - R1O2P3" to reduce the incidence of ROP must be stimulated in Indonesia and other LMIC countries.
10. National health insurance that covers screening and management of ROP will reduce the incidence and complications of blindness due to ROP. This is cost-effective.
11. A simple scoring model that can identify infants at risk to develop severe ROP is needed.
12. The use of a telecamera by trained personnel to visualize the retina of preterm infants, which is used widely in India, must be introduced in Indonesia, overcoming geographic constraints in high-risk neonatal care.